

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/726,172
	Filing Date	December 2, 2003
	First Named Inventor	Roger Hamilton
	Art Unit	3636
	Examiner Name	Winnie S. Yip
	Attorney Docket Number	3027983 US02

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners at Customer Number : <span style="border: 1px solid black; padding: 2px 20px;">72,742</span>			
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City	State	ZIP	
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Telephone	Email		
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<input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature	<i>Roger H. Hamilton</i>		
Name	Roger H. Hamilton		
Date	<i>12/13/2007</i>	Telephone	315-472-8077
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10726,172
	Filing Date	December 2, 2003
	First Named Inventor	Roger Hamilton
	Art Unit	3636
	Examiner Name	Winnie S. Yip
	Attorney Docket Number	3027983 US02

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☒ I hereby appoint the practitioners at Customer Number : 72,742

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 72,742

OR


<input type="checkbox"/> Firm or Individual Name	Hiscock & Barclay, LLP		
Address			
City		State	ZIP
Country			
Telephone		Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Peter G. Jordan		
Date	12/13/2007	Telephone	315-472-8077

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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